

**PST-1 Prepaid Sales Tax Return**E(03) ___/___/___ S(04) ___/___/___
NS YY RC CA _____

IBT no.: _____

This form is for: _____

Do not write above this line.

Due by: _____

Name: _____

Address: _____

_____**Section 1: Report your gallonage information**

- 1** Total invoiced gallons of all gasohol and other motor fuel sold, delivered, or transferred (05) _____
- 2** Report in gallons your nontaxable sales
- a** Gallons sold to federal or foreign government and mass transit systems (10) _____
- b** Gallons delivered outside Illinois (15) _____
- c** Gallons sold and distributed tax free to other licensed distributors or suppliers (20) _____
- d** Gallons sold to the state or units of local government (25) _____
- e** Gallons sold to schools, churches, or charities (30) _____
- f** Gallons sold to out-of-state retailers selling at retail to customers outside Illinois (40) _____
- g** Gallons of exempt motor fuel (*i.e.*, majority-blended ethanol, 100 percent biodiesel, and biodiesel blends that are more than 10 percent but not more than 99 percent biodiesel) (43) _____
- h** Gallons sold to other than a retail outlet and deliveries made to your company-owned (not leased) retail outlet. (Do not include gallonage written on Lines 2a through 2g.) (45) _____
- 3** Add Lines 2a through 2h. This amount is your total deduction. (50) _____
- 4** Subtract Line 3 from Line 1. This amount is your net gallons subject to prepaid sales tax. (55) _____
- a** Gallons of gasohol subject to prepaid sales tax.
- This is the total of Lines 8a of your attached PST-2 forms. (90) _____
- b** Gallons of all other motor fuels subject to prepaid sales tax.
- This is the total of Lines 9a of your attached PST-2 forms. (91) _____

Section 2: Figure your payment

- 5** Multiply the number of gallons on Line 4a by \$0.05. (92) \$ _____
- 6** Multiply the number of gallons on Line 4b by \$0.06. (93) \$ _____
- 7** Add Lines 5 and 6. This is your total prepaid sales tax due during this reporting period. (56) \$ _____
- 8** Write the amount of quarter-monthly payments paid on Form PST-3. If you are not filing on a quarter-monthly basis, write zero. (61) \$ _____
- 9** Prior overpayment credit (85) \$ _____
- 10** Subtract the sum of Lines 8 and 9 from Line 7. This is the net tax due. (62) \$ _____
- 11** Credit memorandum (PST only). You must attach the original PST credit memorandum. (76) \$ _____
- 12** Subtract Line 11 from Line 10. This is the total payment due. (77) \$ _____
- 13** Write the number of PST-2 forms you have attached. (80) _____

Make your check payable to the "Illinois Department of Revenue."**Section 3: Sign Below**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature _____ Title _____ Date ___/___/___ Phone no. _____

Preparer's signature _____ Name of firm _____ Date ___/___/___ Phone no. _____